Activating the IAQ Management Plan

| IAQ Coordinator | School | Date Completed |
|-------------------------|--|--------------------------------------|
| Use the checklist below | to record and monitor the steps you have taken | to activate the IAQ Management Plan. |

| | Steps Taken | Date | Comments/Notes |
|--------|---|------|----------------|
| 1. | IAQ Coordinator Selected | | |
| | Name: | | |
| | | - | |
| 2. | Guidance Read | | · |
| | | | |
| 3. | Administrative Support Obtained | | |
| | | | |
| | | | |
| 4. | Requested Additional Information on Radon | | |
| | | | |
| 5. | Requested Additional Information on Integrated Pest Management | | |
| | | | |
| 6. | Requested Additional Information on Lead | | |
| | | البر | |
| 7. | IAQ Checklist Interval Established | | |
| , | # of times each year: | | |
| | | | |
| | Dates: | | |
| | | | |

| Steps Taken | Date | Comments/Notes |
|--|------|----------------|
| 8. Emergency Response Prepared | | |
| ☐ Local health agency contacted | | |
| ☐ IAQ professional(s) identified and contacted | | |
| ☐ Equipment and supplies for wet carpets ready or local professional cleaning firm ready | | |
| ☐ Local IAQ Service Providers form filled in | | |
| 9. Committees and Groups Informed | | |
| ☐ Health and safety committee(s) | | |
| ☐ Building committee(s) | | |
| □ PTA | | |
| Others: | | |
| | | |
| 10. IAQ Policies Prepared and Distributed | | |
| ☐ Smoking | | |
| ☐ Pest control | | |
| ☐ Ventilation system operation | | |
| ☐ Painting | | |
| ☐ Others: | | · |
| | | |
| | | |
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